

## REQUEST FOR OCCUPATIONAL LICENSING INFORMATION

Information Requested

- ☐ Firm  
☐ Individual

### INSTRUCTIONS:

- Print clearly in black or blue ink or type.
- A minimum \$5.00 processing fee is billed for each request that requires a search of the department's files.
- If you hold a pre-approved commercial requester account, your account will be billed the appropriate fees.
- If you do not currently have an account, the appropriate fees must be submitted at the time of request.
- Mail completed and signed form to: Department of Motor Vehicles, Occupational Licensing Section, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

### SECTION 1 — REQUESTER INFORMATION

REQUESTER (LAST, FIRST, MIDDLE)	VENDOR REQUESTER CODE	AGREEMENT NO.
ADDRESS	USER REQUESTER CODE	AGREEMENT NO.
CITY	STATE                      ZIP	AREA CODE AND PHONE NO (      )

### SECTION 2 — INFORMATION REQUESTED

INDIVIDUAL NAME	BIRTH DATE	INDIVIDUAL LICENSE NO
FIRM NAME/D.B.A		FIRM LICENSE NO.
ADDRESS	CITY	STATE                      ZIP
DESCRIPTION OF INFORMATION REQUESTED		

### SECTION 3 — REQUESTER'S SIGNATURE AND DL/ID NUMBER

SIGNATURE <b>X</b>	DRIVER LICENSE/ID NUMBER	DATE REQUESTED
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### FOR DEPARTMENTAL USE ONLY

- ☐ Cannot identify from information submitted.
- ☐ No record found based on information submitted.
- ☐ License number incorrect for name submitted.
- ☐ Invalid requester/or end user code.
- ☐ Other.

AMOUNT PAID	CHECK NUMBER	COMPLETED BY <b>X</b>	DATE
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